



Town of Lexington
Assessor's Office

BILLING ADDRESS CHANGE/NAME FORM

MUST BE LEGAL OWNER OF RECORD

A valid form of identification must be presented at time of request

or

Notarized if Submitted by Mail

PARCEL ID # _____

PERSONAL PROPERTY ACCOUNT # _____

PROPERTY LOCATION _____

NEW ADDRESS/NAME _____

SIGNATURE _____ DATE _____

PRINTED NAME _____

TELEPHONE NUMBER _____

Please fill out a separate "Change of Address" form for each property. Thank you.

Office Use Only

| Form of Identification | Verified by: | Changed on Vision by | Date of Change |
|------------------------|--------------|----------------------|----------------|
| | | | |

FORMS THAT ARE NOT RECEIVED BY THE BOARD OF ASSESSOR'S OFFICE IN
PERSON WILL NEED TO BE NOTARIZED BY A NOTARY PUBLIC.

On this_____ day of _____, _____, before me, the undersigned notary
public, personally appeared _____, proved to me through
satisfactory evidence of identification, which were _____,
to be the person whose name is signed on the preceding or attached document, and
acknowledge to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public:

My Commission expires:

RETURN FORM TO:

Board of Assessors
1625 Massachusetts Ave.
Lexington, MA 02420
(781)698-4578
TAO@lexingtonma.gov